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ARTICLE I.—*On the Pathology of Spontaneous Hæmorrhage.* An Essay read before the Chicago Medical Society, February, 1852, by A. B. PALMER, M.D.

THERE are few subjects in Pathology more involved in obscurity —at least in regard to which there are more obscure points, or upon which the writings of our standard authors are less satisfactory, than that of the proximate cause, or essential nature of the hæmorrhagic condition. The vagueness and apparent contradictions of the books on this subject, arise, no doubt, in part from the fact, that, contrary to what the terms of the proposition for this evening's consideration* would seem to indicate, the pathological character of the hæmorrhagic tendency or state is *not always the same.* There is no one condition of the solids, of the fluids, or of the vital forces which is always present. There is no one circumstance, excepting the feebleness of the forces which retain the blood within its proper channels, compared to those which tend to its escape, producing the actual flow, which is a necessary attendant upon the disease.

This being the case, the proper consideration of the pathology of hæmorrhage will embrace a reference to the various conditions

* The subject previously appointed for the evening was "The essential nature of the Hæmorrhagic state."

which are known or supposed to exist in the disease, and to the numerous causes which may contribute to the production of the symptoms which mark it.

A complete treatise on this subject, embracing a full consideration of all the points involved, would extend far beyond the limits imposed by the present occasion, and of course will not be expected. I shall attempt, however, what I have not seen accomplished, at least in the same manner, in any of the books, viz.: to give system and form to the subject,—to place it in a position more favorable for investigation,—to indicate the mode in which the investigation should be conducted, rather than to fully investigate it myself.

The proximate cause of an escape of blood from its natural situation in the vessels, must consist in an *abnormal* condition either of

1st, The structure or physical qualities of the vessels from which it escapes;

2d, In an abnormal condition of the quantity or quality of the blood itself; or,

3d, Of the forces with which the blood is propelled.

One or more of these conditions must be present in all hæmorrhages. A derangement in the texture of the vessels, as a solution of their continuity, from whatever cause may be sufficient to produce the bleeding, while the condition of the blood and the force with which it circulates remain natural. Or, on the other hand, the condition of the blood may be such that though the texture of the vessels is healthy, and the force of the circulation normal, it may pass out. Or, again, the force with which the blood is impelled may be such, that though it be in a healthy condition and the tissues in a previous state of integrity and health, hæmorrhage may be the result. But although either one of these conditions is sufficient of itself to produce the phenomena, yet usually two or more are combined, when hæmorrhage actually occurs.

We shall be able to obtain a more clear impression of the subject by considering first these causes of hæmorrhage separately, and afterward in some of their combinations.

I. We will first consider the morbid conditions of the physical structure of the blood vessels which predispose, or give rise, to hæmorrhage.

These morbid conditions of the structure of the blood vessels in hæmorrhage are various, and I shall enumerate them in the order in which they may occur to me.

One abnormal condition of the blood vessels, disposing their contents to escape from them, consists in a *variation from their natural size* or circulating capacity,—and particularly a disproportion in these respects between the arteries and veins.

An equal enlargement of both the arteries and veins of a part, will lead to an increased quantity of blood in that part, and in a degree dispose to its effusion; but if the larger arterial branches leading to a part, or the capillary arteries distributed within it, become preternaturally enlarged while the veins retain their natural size,—or, if the veins within, or leading from a part, are contracted, pressed upon, or their circulating capacity in any manner diminished, while the arteries are normal,—or, if from any cause, or in any manner, the arteries are proportionably larger than the veins—their circulating capacities greater, the tendency to hæmorrhage is farther increased; indeed congestion is a necessary consequence, and hæmorrhage a very probable one.

As examples of changes in the circulating capacities of the larger veins leading from organs obstructing the returning circulation through them, and producing hæmorrhage, may be mentioned, the mechanical pressure of a diseased liver upon the walls of the portal vessels, causing hæmatemesis, melaena, and hæmorrhoids —the pressure of the gravid uterus upon the iliac veins, producing rupture and hæmorrhage of the veins of the lower extremity—the pressure of tuberculated lungs upon the pulmonary veins, producing some cases of hæmoptysis, &c., and also may be mentioned impairment of the valves of veins, or varicose dilatation from want of tonicity, as in other cases of hæmorrhoids, and rupture of vessels in the lower extremities.

As instances of hæmorrhage from the undue development of arteries, those from some forms of nævа materni, or arterial anastomosing aneurisms, are most striking.

All these cases are specimens of structural changes affecting the circulating capacity of the vessels, but not the integrity of their cohesive force. But an alteration in the *texture* of their walls—a structural change in their *tissue* constitutes a cause of hæmorrhage.

This alteration of the texture of vessels, leading to tenderness, rupture, and hæmorrhage, may be produced by the deposition of arethomatous, scrofulous, ossific, or (perhaps) typhoid matter, within their coats,—or may consist in softening from inflammation, cachexy, or other forms of malnutrition,—aneurismal dilatation, or whatever degeneration, producing a feebleness of cohesive force,—or the alteration of texture may consist in actual *destruction* of portions of the vessels, as from mechanical violence, chemical reagents, and the process of ulceration.

Examples of hæmorrhage from the various deposits within the coats of blood vessels, are found in the rupture of large vessels and the spontaneous formation of false aneurisms, at last completely yielding. And examples of those from softening, produced by inflammation, cachexy, &c., are found occurring during the later stages of the progress of these diseases.

Hæmorrhages arising from destruction of the continuity of vessels by mechanical violence or chemical agents, do not belong to our present subject (spontaneous hæmorrhages), but those arising from lesions produced by ulcerations are included. Of these may be mentioned as specimens, hæmoptysis, from tuberculous ulceration of the lungs in the latter stages of consumption,—hæmorrhages from cancerous ulcerations in different locations,—hæmorrhages from mercurial ulcerations, as from the mouth in poisoning from that metal,—from gangrenous ulceration, as in cancrum oris,—from phagedenic ulceration, as in some cases of syphilis,—from aphthous ulceration, as in bleeding from various parts of the mucous membrane in that disease,—hæmorrhage from scorbutic ulcerations, as of the gums in scurvy—and hæmorrhage from typhoid ulceration, as in melaena in typhus and typhoid fevers.

But besides the more palpable alterations of the tissues of blood vessels, producing hæmorrhage, to which we have alluded, it is alleged that such other changes may occur as to give rise to sanguineous effusions by a morbid relaxation of fibres and dilatation of the natural pores without any positive rupture.

That firm and normal blood disks are incapable of passing through the unbroken walls of healthy vessels, must be evident to any one who has looked at these disks through the microscope in their natural channels. Indeed, though the blood disks are seen

under glasses, of comparatively large size, no pores whatever are discernible in the walls of the vessels. Still, that thin fluids pass through these walls when in the natural state is unquestionable, proving their porosity,—and when their tissues are weakened and relaxed, as in low fevers and other forms of debility, it is possible that the blood globules, especially if they should be changed in their firmness and consistence, may be pressed through without any real solution of continuity. At any rate, the fact is unquestionable that sanguineous fluid has been poured out in considerable quantities from various mucous surfaces and even from the skin, without any discernible breach of vessels or of the surface.

In these cases, though the blood is usually at fault, as we shall shortly see, yet the texture of the vessels may be so changed as to allow particles to pass through them that would not, were they firm and natural; and the doctrine is held by some highly respectable authorities, that blood may, and often does, pass out of the vessels which contain it and escape from the body, without any actual solution of continuity. On the other hand there are others, and among them Vogel, of more recent and perhaps higher authority, who treat, as entirely untenable, the idea that undissolved blood corpuscles *ever* pass through the unbroken walls of blood vessels, however relaxed. But whether modified blood disks ever pass through the natural though relaxed pores of vessels or not, in hæmorrhages from the capillaries, these vessels are often in fault, possessing less than their natural firmness and consistence.

II. In the second place, we are to consider the condition of the blood itself, its quantity and quality, as predisposing to hæmorrhage.

And 1st, the blood may be excessive in quantity, constituting plethora.

This condition disposes to hæmorrhage from the over-distention, and consequent increased pressure, from within, upon the vessels, The simple mechanical principle upon which such a result depends, is too obvious to require illustration.

Over fullness of the blood vessels may be attended either with increased or diminished strength and irritability of the moving fibre, producing the two forms of *sthenic* and *asthenic* plethora. These conditions differ in many respects, but both tend to the pro-

duction of hæmorrhage,—the former of a more active, and the latter of a more passive kind. In this connexion, reference is had solely to the effect which an increased quantity or bulk of the circulating fluid produces by its increased mechanical pressure,—none is had to an increased proportion of hæmatin or other nutrient qualities of the blood. The whole mass may be poor in quality—thin and watery—the patient actually more or less anæmic, while the quantity of the circulating fluid is large.

2d, The blood may be changed in *quality* so as to dispose to hæmorrhage.

One of the most frequent of the changes tending to this result, is a *deficiency* of *fibrin* relative to the amount of *red corpuscles.*

There are two conditions of the blood in which this disproportion exists. In one, the proportion of fibrin to the whole mass of blood is the same as in health; but there is an increased proportion, a decided excess, of red corpuscles. This condition exists in sthenic plethora, accompanied by a florid complexion and active circulation, and tends to the production of active hæmorrhages, apoplexy, &c.—In the other condition there is a positive diminution of fibrin, while the globules remain in their usual proportion or may be even diminished, as in the low forms of fevers, and the like, and the hæmorrhages occurring in these forms of disease not accompanied by ulcerations or other organic lesions, are usually dependent, in a great degree at least, upon this cause. In this condition of the blood it does not readily or firmly coagulate, and when any local lesion occurs, or blood begins from whatever cause to flow, the discharge is apt to be profuse.

Another supposed change in the quality of the blood, producing other effects in the fluid, favorable to hæmorrhage, is a superabundance of alkali—usually ammonia. Observations have not been sufficiently numerous to fully establish this point, but some few analyses of Simon, and I believe others, render it highly probable. Alkalies certainly possess more or less solvent effects upon the solid constituents of the blood.

The breaking down of the blood disks and the solution of the hæmatin or coloring matter in the serum—whether that breaking down be caused by the action of chemical agents upon the membrane enclosing the hæmatin, or whether the membrane yields

from a failure in its vital tonicity,—is another change in the quality of the blood strongly disposing to hæmorrhages. In this possible, and actual, though rare condition of the blood in life, we can easily understand how effusion may take place through the natural pores of the vessels without rupture of tissue; but this state does not occur excepting as the result of poisons, in connection with gangrene, or in putrid and petechial fevers, generally marking a fatal termination.

It is believed that in some cases changes in the quality of the fibrin and red particles take place, disposing to hæmorrhage, short of their solution, and where these constituents remain in their normal proportions. This position is rather a subject of plausible conjecture than of ascertained fact, or unquestionable inference; but the cases of purpura and scurvy seem to favor it. In purpura there is no material deviation from the natural standard of the relative proportions of the fibrin or globules, and certainly neither of these elements is in a state of solution, and still the extravasation of the blood is supposed to depend, in part at least, upon some abnormal condition of that fluid; and in scurvy, the fibrin—the coagulable material and the element which is regarded as the one arresting hæmorrhage—is actually in excess, while the proportions of the other elements are nearly normal; and yet here, too, the hæmorrhage is regarded as depending, in part, upon some improper condition of the blood. But the fault in these cases may be entirely, as we know it is in part, in the vessels.

A general impoverished condition of the blood, in which there is a deficiency of the globules, the albuminous and fibrinous constituents, and in which its vitality also is defective, contributes strongly to a hæmorrhagic tendency; both in consequence of its being more fluid in its consistence—thereby passing more readily through the tissues, and of its reacting, in this condition, less efficiently upon the solid fibres, thereby inducing debility and relaxation.

[TO BE CONTINUED.]

ART. II.—*On the uncertainty of Diagnosis by Physical Signs in the first stages of Diseases of the Chest.* By J. W. Freer, M.D., Demonstrator of Anatomy in Rush Medical College.

An eminent medical writer has recently offered the opinion that diseases, like our garments, are subject to the fluctuations of fashion. We may presume, however, that this statement simply refers to those imaginary affections which have their origin in the whimsicalities of the afflicted person.

Since the era of physical diagnosis, these imaginary affections are fashionably located within the thoracic cavity. Most practitioners of medicine must be aware of how large a proportion of individuals coming under their cognizance, are afflicted with this sort of monomania respecting the stability of their thoracic organs. And these apprehensions are not confined to the weaker human vessels—to those whose general appearance would indicate the probability of the real existence of disease; on the contrary, we quite as often find the victimized to be those whose general appearance would indicate most perfect organisms, giving large promise of longevity. This is all quite natural; for the uncertainty of human life under the most promising circumstances, is well calculated to force mankind to a constant anxiety in regard to their bodily conditions. Now this very natural anxiety which is apt to pervade the minds of men, respecting their physical well-being, also impels them to seize with great avidity upon every monitor which promises to enlighten in regard to the actual condition of things within their systems. Again, this solicitude for bodily welfare is the forcible occasion of directing the public mind to what are supposed to be great discoveries in the sciences pertaining to the healing art; and, what is not in the least surprising, they, as a general thing, place more implicit reliance in proclaimed discoveries than do even the discoverers themselves, or their scientific followers,—for the good reason, that their means of judging is more limited.

Before the art of physical diagnosis became in vogue, affections of the chest were held by the public as quite mysterious in their nature. Their apprehensions were founded principally upon external manifestations. While these were plausible, security was inferred; but when this new means of exploring the hidden mys-

teries of this important region was heralded to the world, professing to be unerring, even to mathematical precision—providing the operator is sufficiently expert—appearances, by a certain class of persons, were no longer relied upon, "for," says the hypochondriac, "why not avail myself of this infallible test, and at least assure myself in regard to this division of my precious body."

Now it may be proven that the foregoing causes operating upon a large proportion of minds, have been the indirect means of prostituting this most beneficent discovery to the purposes of imposition, speculation, and avarice. This valuable means of diagnosis has not only been imposed upon through base motives, but perhaps it has been quite as often, though innocently, injured by those who, though skillful in their manipulations, yet being of large faith and placing too much reliance in its dicta, to the exclusion of rational symptoms, frequently impose upon themselves, and their art at the same time, to the great detriment of all concerned. I would not speak thus confidently, could I not at the present moment call to mind numerous cases which abundantly support the above assertions, and at the same time having no doubt that many other practitioners will confess to the same experience.

Of those of the former class who are in the habit of making this useful acquisition to medical science a means for imposing upon the credulity of people, and at the same time enriching their pockets, we have but little to say. They are a class of persons who, having entered the profession on speculation, have taken the precaution to dispose of their consciences before adopting that important step, therefore a word of reproof to such would excite little else than a smile of derision. But of those who conscientiously impose upon themselves and the public, either from want of skill in the exercise of their art, or in being possessed of too much faith in its capabilities in detecting incipient disease, a few remarks may appropriately be made.

This class of Physicians are, generally speaking, what Tristram Shandy would have denominated "hobbyhorsical" in their natures; therefore being attracted by chance in this or that direction, wherever a hobby may be found, it is at once mounted and ridden to destruction.

We will now attempt to show some of the causes which are often-

times prone to lead this class of physicians into error of diagnosis in diseases—whether tubercular or otherwise—common to the thoracic viscera. These errors being principally confined to attempts to define disease in its incipient period, rather than to more palpable conditions in which error would be quite inexcusable.

The principal source of fallacy no doubt exists in the impossibility, so to speak, of detecting most diseases of the thoracic organs in their earliest stages, by means of physical exploration alone, —especially of tubercular deposit, of which I shall have most to say, as connected more particularly with the mischievous tendencies of false diagnosis in this region. Yet notwithstanding this uncertainty, this sanguine class of physicians after a time become so absorbed in self-confidence that they imagine themselves competent to detect with unerring precision the least departure from the normal condition, by the aid of sounds elicited by auscultation and percussion, to the exclusion of general and constitutional indications, which at this early period are of infinitely more value than any manual dexterity, however skillfully applied, in order to detect the true nature of the case. The first departure from health in the deposition of tubercle cannot be attended with sufficient variation in auscultatory sounds to enable detection by the most discriminating ear, yet at this very time the grand mischief is already established, and it is at this time alone that medical skill can proffer much hope of aid; but with those who are in the habit of placing too much reliance in their favorite art, this precious time is allowed to pass on unheeded, because of having failed to detect the nice shade of difference existing at this time between healthy and unhealthy respiratory murmur, and percussion happening to give no available signs. Yet there may be general manifestations and symptoms enough, if rightly observed, to lead to satisfactory conclusions.

Again: Errors of an opposite nature are quite as frequently committed and from the same cause, which is, an overweening confidence in the sense of hearing, as connected with auscultation and percussion. And perhaps this class of errors, if possible, are more pernicious in their effects upon the community than the former; it not being quite certain that tubercular affections are positively amenable to treatment even when detected in their initiatory

period. How is it that mistakes of this character can be committed? Are not the signs and symptoms of phthisis pulmonalis sufficiently positive? They undoubtedly are when fairly instituted; but, as formerly stated, when a diagnosis is made at too early a period by physical signs alone, we may be easily led astray. According to my own experience in such examinations, we cannot rely upon shades of comparative difference in the corresponding sides of the chest as diagnostic of derangement of any character, whether these differences consist in dullness upon percussion or in respiratory sounds. It is generally understood that the right sub-clavicular region is slightly more resonant than the left; yet we frequently find the reverse upon healthy persons. Marked differences in resonance exist between individual chests which are apparently under the same external conditions as to adipose tissue, muscularity, &c., and both within normal bounds. Why cannot local differences exist in an individual chest and yet be within the same limits? If this may be the case, and I have not the least doubt of its truth, then we cannot be too careful in rendering an unfavorable opinion, especially in the absence of adequate corroboratory evidence.

Other causes of error might be produced which are equally efficient in misleading those who are too confident in their art of physical diagnosis, but the limits of this article will not permit further digression in this direction, and we will conclude by making a few remarks respecting the deleterious effects arising from false diagnosis of pulmonary tubercular disease, not only as regards the public but the profession.

Mankind being so constituted that imagination has largely to do with their physical condition, when the mind is once directed to a given point, either by fashion or otherwise, the first step is taken towards actual ailment. Should this point happen to be the chest, such persons, from the implicit reliance which they have been taught by certain of the profession to place in the certainty of physical diagnosis, immediately resort to some far-famed operator in order to ascertain their doom, and the probable period of their existence. Quite likely this far-famed "chest disease doctor" may belong to the class before-mentioned, who prostitutes his art to venal purposes, and pronounces an unfavorable opinion in the case,

in order to have an opportunity to medicate it, and thereby render "material aid" to himself. If, on the contrary, the sufferer happens to fall in with a conscientious hobbyist, the risks then are simply in his physician's false estimates. If the verdict is against him, forever after he is doomed to lead a life of apprehension and inquietude. The monomania is fixed upon him like an incubus, and he goes about from doctor to doctor to be re-examined, but will place no faith in those who will not confirm the first verdict. "Ah!" says he, "you wish to deceive me; you have not the heart to tell me your honest opinion."

This last sentence is a quotation from the lips of a patient which came under my notice a few days since, and will serve as an instance of the misery produced in thus consigning people to the tomb without proper understanding. The case is interesting and I will cite it:

The gentleman had during the past winter been sick, as he informed me, with a typhoid fever, and was attended by one of the most judicious practitioners in our city. Upon recovery from the fever a bronchial affection set in, which was combatted by his physician no doubt with proper remedies. But after a while he became seized with the mania of consumption and was examined by his attending physician, who promptly pronounced his apprehensions groundless. This did not satisfy him; so the patient knowing of another doctor who is said to be much celebrated in chest diseases, immediately sent for him in order to be more than doubly assured that all was right. The latter gentleman, after a careful examination, with rueful face informed him that he was enabled to detect a slight difference in the two sides of the chest; that there was some evidence of a tendency to consumption. Of course he was pronounced honest, for he was not backward in giving his opinion. As is usual with persons suffering under this sort of mania, he was still unsatisfied, believing after a time that his honest doctor was only so in degree, that he withheld from him in regard to the gravity of his case, through consideration for his feelings. Again he passed around from one physician to another, of known celebrity in their profession, but happening not to be "chest doctors" he failed in having the unfavorable judgment of his "honest doctor" confirmed. This patient, to the best of my knowledge, was

lastly under my charge. Perceiving his delusion, my labors were principally directed to its eradication, and the most potent and available means seemed to be that of forcibly directing his attention to another point. Opportunely his throat was slightly inflamed, and taking advantage of this circumstance, a solution of nit. arg. was vigorously applied until ultimately his consumption was exchanged for a "fashionable" sore throat, to which he now attributes most of his difficulties.

Numerous cases which have come under my notice, similar to the above, might be cited, where persons have been ignorantly or villainously imposed upon in like manner, and to their serious detriment; but it would be needless to bring them forward as the one quoted is sufficient for an example, at the same time doubting not that a large proportion of the medical profession are sufficiently supplied with cases of a similar character within their own experience, to which they can refer at any time.

From the tenor of this article it may possibly be inferred by some that it has been my aim to speak lightly of the value of the art of auscultation; but should there be such, I would beg leave to inform them that they are laboring under misapprehension, my only aim having been to call attention to the abuses practiced upon this invaluable means of diagnosis.

ART. III.—*Vegetable Diet in the Chronic Diarrhœa of California.* By S. Rush Haven, M.D., of Chicago.

At the solicitation of a friend, I am induced to submit for the consideration of the readers of the *Journal*, a few ideas relative to the treatment of certain diseases as they appeared, and were observed by myself, during the autumn and summer of 1850—51 in the mountains of Upper California. It would perhaps be a work of supererogation to say to the scientific man that the diseases peculiarly incident to most mountainous regions, and particularly so of California, are mainly those of *deficient* or *depraved nutrition* and exposure to vicissitudes of climate.

The torrent of emigration that filled every gulch, ravine, and valley of the high mountain ranges of the upper country during the seasons referred to, when no other provisions could be obtained

than salt pork and sea biscuit, could not, and did not, but result in developing an alarming amount of scorbutus and diarrhœa in all their protean forms and conditions.

Medical practice, unlike the laws of the Medes and Persians, is subject to change. This the experience of the last few years has amply demonstrated. In attempting to treat diseased conditions, having their origin in causes entirely remote and foreign from those of which we have received our impressions of similar diseases and their treatment, we too often find our science at fault and entirely inadequate to accomplish the end desired. The treatment of these maladies—especially the latter—according to the authorized practice in similar cases, was found, in the majority of instances, to result only in an aggravation of all the pathological conditions.

When the "books and schools" are "weighed in the balances and found wanting," the practitioner is justified in having recourse to the dictates of *common sense.*

A recourse to that in this instance suggested the propriety of supplying, or attempting to supply, in as direct and concentrated a form as possible, those materials for which the organism was languishing. This was evidently an exclusively vegetable diet.

Cases of chronic Diarrhœa, of that peculiarly obstinate type that is so seldom relieved by the ordinary modes of practice, were found to yield in an astonishingly short space of time upon the free use of grated raw potatoes and vinegar, without any (other) medication whatever. This kind of practice was found to be successful in too many cases not to be worthy of consideration. It will be noticed that no originality is claimed for the treatment of scorbutus by a vegetable diet, but that this diarrhœa or dysentery had none of the characteristics of scurvy, other than that of its occurring simultaneously under similar exciting causes. The rationale of this treatment is too evident for comment. How soon and how far it may obtain—viz.: building up instead of breaking down the tissues—in the treatment of many other diseases than those referred to in this paper, is a question of much import to the patient and practitioners.

SELECTIONS.

From the London Lancet.

The Liver and its Secretions. By Dr. HANFIELD JONES.

A short summary having been given of the points regarding the structure of the liver that are well ascertained, the three different opinions were noticed that have at present found supporters—first, that of Thiernan, Leidy, and Retzius, to the effect that the hepatic cells are contained in anastomosing tubes of basement membrane forming a plexus; secondly, that of N. Guillot, Genlach, and Carpenter, who believe that the tubular ducts cease at the margin of the lobules, but are continuous with a plexus of intercellular passages, extending throughout each lobule; thirdly, the one maintained by the author, that the ducts terminated by closed extremities, either even and rounded, or irregular, and do not expand to enclose the cells in a plexus, or proceed further as intercellular passages. A succinct account of the composition of the bile, taken from the work of Prof. Lehmann in Physiological Chemistry, next followed. The cholic, or cholalic acid is the fundamental organic acid in the biliary secretion; it is united with two other substances, glycocal and taurine, to form the conjugate acids, the glycocolic, and taurocholic, which are themselves again combined with soda, forming two salts. Choloidynic acid is isomeric to cholic acid, but contains no basic matter; it, as well as another substance, dyslycin, are decomposition products of cholic acid, from which they can also be produced by chemical means. The coloring matter of the bile presents itself in two principal varieties, named cholopyrrhin and bilivendin, the one, as its name imports, being yellow, the other green. The first is found in carnivorous animals and in man; the second in birds, fishes, and amphibia. The opinion of Schlossbergen, in opposition to that of Lehmann, was adopted by the author, with respect to the green color of the evacuations often passed by young children. Schlossbergen believing the color to depend on a modification of the bile, Lehmann on the presence of blood. The large quantity of mucus occurring in the bile was noticed, and a source pointed out for it, as well in the columnar particles of the epithelium as in the mucous glands, which Thiele discovered in the larger hepatic ducts. In discussing the question as to the formation of bile, the experiments of Hernde were noticed, who extirpated the livers of frogs, but did not find, as he had expected, that biliary matter had accumulated in their blood. From this fact, and from the circumstance that biliary matter could not be detected in portal blood, the conclusion was arrived at that the bile was formed in the liver, and not in the blood itself. The richness of the blood of the portal vein compared

with that of the hepatic in fatty matter, the proportion being as 3.225 : 1.855, was quoted as rendering it very probable that the organic matters of the bile were formed out of the oily matter in the blood arriving at the liver. The other secretion of the liver, the glucose or sugar, was next adverted to, and the various facts mentioned which have been ascertained respecting it. It was particularly observed, that while sugar was readily detectible by Trommer's test in almost all livers, it appeared to be absent from the organ when it passed into a fatty condition. This had been observed in the human subject, in the fœtuses of animals, and in fishes. The relation of liver-sugar to the disease named diabetes, was next considered; and the theory was propounded, that the formation of sugar in the body, being a natural process, our aim, as physicians, should be, not to prevent it, but to animate and invigorate the vital functions, in the course of which this sugar is destroyed and eliminated from the system, probably as carbonic acid. Two cases were quoted, confirming this view—one from the practice of Dr. Hamilton Roe, and the other from that of Dr. Sieveking. The hypotheses of Schmidh and Lehmann, as to the relations that subsist between oily matter, bile, and liver-sugar, were next expounded. The former considers oily matter to break up into sugar and water, on the one hand, and cholic acid and water on the other, its two constituents, glycerine and oleic acid, with certain proportions of oxygen, being equivalent to sugar and cholic acid. The view of Lehmann, which considers cholic acid to result from the union of oleic acid and sugar, was preferred by the author, as allowing greater latitude to the bile-generating process. The remark of Lehmann, that the oil and oily acids contained in the bile are for the most part in a saponified state, and his deduction therefrom, that the hepatic cells did not evacuate their contents, wherein the oil occurs in a free, non-saponified state, by bursting, was remarked upon as confirming and extending the author's argument, that unless the ducts at and near their extremities exerted an active elaborating faculty, so as to form the bile out of oily matter, it was impossible to account for the presence of a gall-bladder, filled with healthy-looking bile, belonging to a liver which was no more than a mass of oil; nor how it occurred, that while the liver parenchyma contained abundance of sugar, none was found in the bile. A view, differing considerably from that commonly accepted, was now proposed, to the effect that the cells of the liver were not the constant and necessary agents in the secretion of bile; that the occurrence of this secretion in them was rather to be viewed as an accidental, if not a pathological phenomenon, the real function of the cells being to produce the sugar out of the blood supplied to them, which was then absorbed, and carried off by the hepatic vein. The arguments in support of this opinion were, that in perfectly healthy livers of animals, bile is not ordinarily to be seen unequiv-

ocally in the contents of the cells, while it is very common in those of persons who have died of various diseases; and that in extracts made of the parenchymata of various livers, Pettenkoffer's test gave very little or no evidence of the presence of biliary matter. Some other experiments were related, as to the action of various cholagogue medicines on the liver, which will elsewhere be more fully related.

Several of the members addressed the Society at the conclusion of Dr. Jones' paper; the remarks, however, were generally of an interrogatory character, and did not embrace anything which could be made available for a report. Indeed, the paper was rather of a descriptive and demonstrative character than a debateable one. The tests for the detection of sugar, &c., mentioned in the paper, were ably exemplified by Mr. Bligh.

From the New Jersey Med. Reporter.

Abstract of Proceedings of the American Medical Association held at Richmond, Va., May 4, 1852.

THE Association met in the Second Presbyterian Church, at 11 o'clock. The President, Dr. Moultrie, of Charleston, in the chair.

Dr. James Beale, Chairman of the Committee of Reception, welcomed the delegates to the city of Richmond.

Dr. Haxall, Chairman of Committee of Arrangements, read a list of the delegates who were present, and registered.

Dr. Hays, of Pa., offered the following resolution:

Resolved, That a committee of one from each State, to be selected by its delegation, be appointed to nominate suitable officers for the Association.

The resolution having been adopted, a recess of ten minutes was taken, to allow the delegations opportunity to appoint the nominating committee.

At the expiration of the recess, the President announced the following committee:

NOMINATING COMMITTEE.

Isaac Lincoln,	Maine,	J. H. Dickson,	N. C.
Jeremiah Blake,	N. H.	H. R. Frost,	S. C.
Jacob Bigelow,	Mass.	C. B. Nottingham,	Geo.
H. W. Rivers,	R. I.	A. Lopez,	Ala.
Chas. Hooker,	Conn.	W. L. Sutton,	Ky.
Jos. M. Smith,	N. Y.	C. A. Pope,	Mo.
G. R. Chetwood,	N. J.	D. Tilden,	Ohio.
G. W. Norris,	Penn.	D. Brainard,	Ill.
H. T. Askew,	Del.	Z. Pitcher,	Mich.
G. S. Gibson,	Md.	J. H. Rauch,	Iowa.
C. Boyle,	D. C.	Paul T. Eve,	Tenn.
		James Beale, Va.	5

After the calling of the roll, the President delivered the annual address.

The nominating committee then reported the following gentleman officers of the Association for the present year:

For President—BEVERLY R. WELLFORD, M. D., of Va.

For Vice Presidents—JONATHAN KNIGHT, M. D., of Conn., JAMES W. THOMPSON, M. D., of Del., THOS. S. SIMONS, M. D., of S. C., CHAS. A. POPE, M. D., Missouri.

For Treasurer—D. FRANCIS CONDIE, M. D., Pa.

The officers thus nominated were duly elected, and the committee requested to nominate Secretaries and decide upon the next place of meeting.

On motion, Drs. John L. Atlee, of Penn., Haxall, of Va., and Eve, of Tenn., were appointed a committee to wait upon Dr. Wellford, and announce his election, and conduct him to the chair. Dr. Wellford having taken the chair returned his thanks for the honor conferred upon him.

Dr. Haxall, of Va., offered the following preamble and resolution, which were unanimously adopted:

"The American Med. Society in Paris being so constituted, that it would be entitled to representation if it existed in this country, and as it is recognized abroad as an American institution;

"*Resolved*, That the delegates accredited to the Association by the American Medical Society in Paris, be, and are hereby invited to take seats in this body."

Dr. Paul Lajus offered the following resolution, which was adopted:

Resolved, That Dr. Brown-Sequard, of Paris be invited to occupy a seat among the delegates at the present meeting of the Association.

Dr. Isaac Hays read the report of the committee on publication, and the report of the Treasurer. They were received, and the following resolutions appended to the report of the committee of publication were unanimously adopted:

Resolved, That the assessment for the present year be three dollars.

Resolved, That the committee of publication be authorized to fix the price at which the transactions of the present year will be furnished to such of the members of the Association as shall remit the amount decided upon by the committee within a specified time (to be fixed by them). And that it shall be the duty of the said committee, to issue a circular, informing the members of the terms upon which the transactions will be furnished them.

Resolved, That the committee be further authorized to take such measures in the disposal of the copies of the Transactions, remaining after all such numbers are supplied, as shall comply with the terms set forth in the circular of the committee, as they may deem expedient.

Dr. Hayward presented the report from the committee on prize essays, and broke the seal of the packet, containing the name of the author of the essay entitled, "On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis," which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, N. Y., to whom the prize was awarded, and the report referred to the committee of publication.

The report of the committee on the medical botany of the U. S. for 1850–51 from Dr. A. Clapp, Conn., was presented and referred to the committee of publication.

Dr. R. W. Haxall, of Va., read a short report of the progress of the Committee on the epidemics of Virginia and North Carolina, and asked to be continued; which request was granted.

On motion of Dr. Gooch, the editorial corps were invited to take seats on the floor.

The Secretary stated that he had transmitted copies of the preamble and resolutions of 1850–51, relative to the assimilated rank of the medical staff of the army and navy, to the several departments ordered by the resolutions, and that the chief of the Bureau of Medicine and Surgery at Washington had approved the course recommended by the Association in a letter which was read. Dr. Pinkney, of the Navy, asked leave to read a memorial, which he had prepared to present to Congress on this subject, which he sustained in a lengthened and forcible speech—after which Dr. Cox, of Md., offered resolutions expressive of the approval of the Association in the matter, &c., &c.; which resolutions were referred to a special committee.

Dr. Simons, of S. C., offered the following resolutions:

Resolved, That the American Medical Association do memorialize Congress to require all vessels bringing steerage passengers over to have a surgeon on board.

Resolved, That a committee of this Association be appointed to draw up a memorial to Congress, making such suggestions as they may deem fit as regards the importance of this measure.

The report of the committee upon the constitution being the special order, Dr. Hays, chairman of the committee, made a report. Dr. T. H. Yardley, a member of the committee, presented a counter-report. Much discussion ensued, and many resolutions and amendments were proposed, and withdrawn in favor of the following resolution, offered by Dr. Thomas, of Md., and amended by Dr. Stewart, of N. Y.

Resolved, That the two reports, on proposed alterations of the Constitution, be referred to a committee of three, to be appointed by the chair, with instructions to report to-morrow morning in definite and proper form, such amendments as will embrace the views set forth in the reports, and such other views as may appear to them advisable.

The resolution was adopted.

The Secretary read the following communication from the New York Academy of Medicine, which on motion was referred to the publishing committee, and ordered to be printed:

NEW YORK ACADEMY OF MEDICINE,
NEW YORK, April 22, 1852.

Sir: I have the honor to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New York Academy of Medicine, held April 21, 1852:

Whereas, The clinics, now held at the medical colleges, as at present conducted, are, or may be made tributary to the private interests of the professors, at the expense of other and younger members of the profession: depriving them, by an odious monopoly, of practice and operations, and often of *fees* to which they are justly entitled,

Therefore *Resolved*, As the sense of this Academy, that to prescribe or practice upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinic, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice, and in either case is a violation of the code of medical ethics adopted by this body.

Resolved, That the possible perversion of these clinics, to the private emolument of those conducting them, by transferring patients to their private offices, and then exacting fees from those found able to pay, divests the clinics of all pretext for professing to be public charities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

The Secretary was also instructed to forward a copy of these resolutions to the American Medical Association.

Respectfully yours,
JACKSON BALTON, M.D., *Rec. Sec.*

Dr. Eve, from the committee on nominations, recommended the following additional officers for the ensuing year:

For Secretaries—Drs. P. CLAIBORNE GOOCH, of Va., and ED. L. BEADLE, of N. Y.

Committee of Publication—Drs. D. F. Condie, of Pa., Isaac Hays, of Pa., P. C. Gooch, of Va., E. L. Beadle, of N. Y., Isaac Parrish, of Pa., G. Emerson, of Pa., G. W. Norris, of Pa.

Committee of Arrangements—Drs. T. Campbell Stewart, of N. Y., John Watson, of N. Y., Wm. Rockwell, of N. Y., James R. Wood, of N. Y., Robt. Watts, Jr., of N. Y., Alfred Post, of N. Y., John G. Adams, of N. Y., H. D. Bulkley, of N. Y.

On motion, the report was received, and the gentlemen named were unanimously elected officers of the Association.

The report of the committee on "The Blending and Conversion of the Types of Fever," was next read by Dr. C. B. Williman, S. C. (in place of Dr. Dickson, not present), and referred to the committee of Publication.

Dr. Hayward, of Mass., presented and read a report upon the Radical Cure of Hernia, which was also referred to the publishing committee.

Dr. Greene, of N. Y., offered the following resolutions:

Resolved, That at all future meetings of this Association, the reports of committees and all contributions on scientific subjects, occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis may be read before the Association.

Resolved, That the above resolution be transmitted to the chairman of each committee.

The thanks of the Association were presented to the physicians and citizens of Virginia, to the Trustees of the Second Presbyterian Church, to the Committee of Arrangements, and to the Managers of the Danville Railroad Company for their kindness and attention to its members.

The following committee was appointed to report what action this Association should take in order to procure, for distribution among the medical profession of the United States, a large edition of the medical statistics of the country, as furnished by the late census, viz.: Drs. Simons, of S. C., Boyle, of D. C., Sumner, of Conn.

The following committee was appointed to report on the relation between climate and pulmonary consumption, viz.: Drs. D. F. Condie, R. E. Rogers, James M. Smith, Moultrie, and McGuire.

On motion of Dr. Rockwell, it was *Resolved*, That the Committee to memorialize Congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

The nominating committee reported the following special committees:

D. F. Condie, Philadelphia, Causes of Tubercular Disease.

James Jones, New Orleans, The Mutual Relations of Yellow and Bilious Remittent Fevers.

R. S. Homes, St. Louis, Missouri, Epidemic Erysipelas.

Charles D. Meigs, Philadelphia, Acute and Chronic Diseases of the neck of the Uterus.

J. P. Jervey, Charleston, South Carolina, Dengue.

Daniel Drake, Cincinnati, Milk Sickness, so called.

Dr. Lopez, Mobile, Prevalence of Idiopathic Tetanus,

George B. Wood, Philadelphia, Diseases of Parasitic Origin.

R. D. Arnold, Savannah, the Physiological Peculiarities and Diseases of Negroes.

Joseph Carson, Philadelphia, Alkaloids which may be substituted for Quinia.

S. D. Gross, Louisville, Ky., Results of Surgical operations for the relief of Malignant Diseases.

James R. Wood, New York, Statistics of the operation for the removal of Stone in the Bladder.

Alexander H. Stevens, New York, Sanitary Principles applicable to the Construction of Dwellings.

G. Emerson, Philadelphia, Agency of the Refrigeration produced through Upward Radiation of Heat, as an Exciting Cause of Disease.

Henry J. Bigelow, Boston, The best Means of making Pressure in Reducible Hernia.

A. T. B. Merritt, Richmond, Cholera and its Relations to Congestive Fever; their Analogy or Identity.

Usher Parsons, Providence, R. I., Displacement of the Uterus.

H. F. Campbell, Augusta, Ga., Typhoid Fever.

Worthington Hooker, Connecticut, Epidemics of New England and New York.

Jno. L. Atlee, Lancaster, Pa., Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland.

Robt. W. Haxall, Richmond, Va., Epidemics of Virginia and North Carolina.

William M. Boling, Montgomery, Ala., Epidemics of South Carolina, Georgia, Florida, and Alabama.

Edward H. Barton, New Orleans, Epidemics of Mississippi, Louisiana, Texas, and Arkansas.

Dr. Sutton, Georgetown, Ky., Epidemics of Tennessee and Kentucky.

Thomas Reyburn, St. Louis, Mo., Epidemics of Missouri, Illinois, Iowa, and Wisconsin.

George Mendenhall, Cincinnati, Epidemics of Ohio, Indiana, and Michigan.

Committee on Volunteer Communications—Joseph M. Smith, Jno. A Swett, Willard Parker, Gurdon Buck, Alfred C. Post, all of New York.

The titles of the reports on epidemics and other special reports were read, and they were referred to the committee on publication.

The subject of altering several important provisions of the Constitution having been presented in a majority and minority report, both submitted by different portions of a committee, to whom the subject was referred last year, claimed a considerable share of attention in the Association, and much interesting discussion ensued in which some of the most distinguished men of our profession par-

ticipated; and the Committee who were charged with condensing the subject of both reports into one, so far as they could be made compatible with each other, presented a series of well-digested propositions, which, after free discussion and some alterations, were laid on the table till next year, then to be taken up and finally acted upon. These propositions embrace the absorbing question of delegation, and present a conservative policy, which may probably be adopted, as it is evident the Association is not yet fully prepared to exclude the schools from a representation at its meetings.

The committee suggests that delegates shall be appointed for one year; that they shall hold their appointment from County and State Medical Societies, from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession, and from the medical staffs of the army and navy. The county, district, and voluntary chartered medical societies, shall have the privilege of sending one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half that number; while every State Society may send four delegates, and, in those States in which county and district societies are not generally organized, they shall be entitled to send one for every ten regular members, and one more for every additional fraction of more than half of this number. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics adopted by the Association. Every chartered medical college, acknowledging fealty to the code of ethics, having six professors, and giving a course of lectures of not less than sixteen weeks annually, requiring also of students three years study; and hospitals, and lunatic asylums, having accommodations for one hundred patients, shall be entitled each to one delegate. The University of Virginia, in consequence of its peculiar mode of instruction and examination, was mentioned as worthy of representation, notwithstanding it does not comply, in some respects, with the terms of the proposition; but the exception in its favor is only to be continued so long as the present system of teaching shall remain in force.

From the New London Pharmacopœia.

Opium.

OPIUM may be used to allay the irritability caused by excessive loss of blood. In the passage of gall stones, or of renal calculi, it is imperatively called for to allay the excruciating pain, and by relaxing the biliary duct or the ureters, to favor the passage of the stone. In the phosphatic diathesis, it is the only thing which has much power in allaying the morbid irritability of the system (Prout). In chordee. In diabetes it has proved more valuable than any other medicine which has been employed; it must be

given in frequent and full doses. In poisoning by vegetable acids it is useful in allaying pain and moderating the violence of their action; and it is often required to relieve the symptoms which occur at a later period in poisoning by the mineral acids. In mortification, if accompanied by much pain, and in gangrena senilis, Mr. Pott's strong recommendations of opium have been fully confirmed by subsequent experience. In phagedenic ulceration it is all important, and must be given largely to allay the intense pain. In many callous or varicose ulcers, in old people whose health is enfeebled by sickness or intemperance, the use of small doses of laudanum (min. x., ter quotidie) produces great improvement; "it appears to promote the most genial warmth, to give energy to the extreme arteries, and thereby maintain an equal balance to the circulation, throughout every part of the body;" and to animate the dormant energies into healthy action.

The employment of opium in the constitutional treatment of severe surgical injuries is very little, if at all noticed by writers on Materia Medica; but it is most important. In many cases, the shock to the system and the subsequent irritation which is set up, are so great, especially if the injury is considerable amongst tendinous parts, that large quantities of this drug are required to tranquilize the system. The following case in the Toxteth Hospital, under the care of Mr. Minshull, of this town, [Liverpool] was communicated to me by Mr. Metcalf, then resident surgeon, and illustrates the general principles of its employment. A ship's baker of confirmed intemperate habits, who was invariably drunk once a week or oftener, and sometimes continued so for two or three days, fell, whilst intoxicated, and produced a compound dislocation of the left, and a simple dislocation of the right knee. There was great reason to believe that he had long practiced onanism, and he was, in every respect, a most unfavorable subject. Amputation in the middle of the thigh was immediately performed, and the right knee was reduced. In about two hours after the operation, delirium tremens began to show itself, and f℥ij of laudanum were given at once; he became tranquilized, and the dose was repeated in two hours, and again in three hours; after which, f℥j was given every two or three hours during the first twenty-four hours; the only effect produced was tranquility; he did not sleep, but was free from pain; the pulse was soft and steady, at about 70; the tongue moist, skin soft, and no thirst. The second day one or two grains of opium were given every two or three hours, according to his condition: if there were any symptoms of restlessness, the large dose was given, and it was more quickly repeated. On the third day, one grain was given, at longer intervals; he scarcely slept during this time, but was perfectly easy; he had little desire for food and no thirst, and the stump healed favorably. In six weeks he was walking about, and in good health. It very frequently happens

that, if a patient has been of at all dissipated habits, or lives in a crowded or unhealthy situation, a wound resulting from an injury takes on a painful or unhealthy action; in this case the best treatment is frequently to give opium freely; local applications, or depletion, as by purgatives, either do no good, or aggravate the mischief.

Locally, opium is employed, in the form of plaster or liniment, in various cases of local pain, as bruises or chronic rheumatism. In neuralgia it is not nearly so efficacious as belladonna or aconite. In painful ulcers an opium lotion is frequently an admirable application. In ophthalmia, the vinum opii is dropped into the eye, and allays the pain and irritability, whilst it acts as a stimulant to the congested vessels. In spasmodic stricture and chordee, and in diseases of the prostate gland, and in dysentery, an opium suppository is often useful. In diarrhœa, and some other diseases in which it may be advisable not to give it by mouth, it is advantageously administered in an enema. The French consider opium to produce more powerful effects in this way than when taken by the mouth; but English experience does not confirm this, and the dose thus given is usually double the ordinary one. Care must be taken that the quantity of fluid in the enema is not too large; two or three ounces, slowly injected, is sufficient; if more than this is used, it will probably be returned.

Dose and Administration.—Small dose, gr. $\frac{1}{8}$ to gr. ss. Medium, gr. ss. to gr. j or gr. jss. Full, gr. ij to gr. v; but much larger doses may sometimes be given. Of the tincture, min. ij to f℥j or f℥ij. The tincture contains about one grain of opium in nineteen minims; hence min. ij correspond nearly with gr. 1-10th of solid opium. By enema about min. xxx is a medium dose. As a suppository, gr. v may be mixed with soap. As has been already mentioned, the dose for infants should be exceedingly small, and most carefully watched; under two months of age $\frac{1}{8}$ of a drop is as much as is safe, and one drop is a full dose for a child a year old. When combined with calomel, it restrains the action of this medicine upon the bowels, and more speedily induces its constitutional effects. Combined with ipecacuanha, it checks its nauseating effects, causes diaphoresis, and has its own effects upon the head diminished in a remarkable degree; similar effects are produced by its combination with tartar-emetic.

On Blistering in Gleet. By JOHN L. MILTON, ESQ.

[IN refractory cases of gleet, Mr. Milton proposes to revive, or introduce the practice of blistering the penis. Although little known or used, he states it to be the most powerful remedy that can be applied. He says.]

Not merely will a single blister frequently cure the most prolonged gleet—not merely will it rapidly sweep away all dregs of the disease in its ordinary course, but it will often cure those runnings, which have resisted all known and used methods. I have seen two blisters, with a mild injection or two, at once cure a clap which had defied the most energetic treatment; and as I never found a case which resisted blistering and injections together, that was not complicated with stricture or affection of the testicle, I am slowly arriving at the conviction, that every case of clap or gleet, however obstinate, may, if uncomplicated, be cured by blistering, singly or combined.

To illustrate and urge forward this operation by every means in my power—to invite attention to it, that it may be put to the severe test of practice, to attest it by cases which I have collected and watched—to point out the necessity of quitting the beaten paths of treatment, and try a new remedy, more powerful than those in use, is the object of this paper. But as so many remedies have fallen into disuse from the indiscriminate use or misapplication of them, and as so many which are in favor have been arrested on their path by obstacles issuing from the same sources, I must here enter my protest against being supposed to recommend blistering in gleet, unless properly applied, and in the cases I have referred to.

In order that the blister be properly applied, there are some points, which, however trifling they may seem, require as much attention as the leading features of the case. Where these are neglected, blistering is apt to produce such a filthy, excoriated mass, that the patient will not submit to it a second time; whereas, if carefully laid on and dressed, it is, from its being out of the reach of friction, in the ordinary movements of the body, even less troublesome than if on a limb, or the trunk. Before putting it on, the hair at the root of the penis is cut off, and, if the foreskin be naturally retracted, it must be drawn a little forward over the glans. A piece of paper is then to be fitted on the penis, and cut till it exactly covers it, from the root to within half an inch of the mouth of the urethra. This is then laid down on the blister, which is cut out by it, wrapped round the penis, and fastened with threads behind the glans and near the root. The patient should remain perfectly quiet during the time it is on, lest any motion should bring the blister against the scrotum, and vesicate it; but he must not apply it on going to bed, or he will most likely fall asleep, and not awake till the penis is one mass of vesications—a state productive of an unnecessary amount of suffering.

In the milder cases, or where the skin is tender, an hour, or an hour and a half, will be sufficient. The blister is then removed; if there are any vesicated spots, they are covered with pieces of linen spread with zinc ointment, and then a layer of cotton is bound over these, and covered with a piece of linen, kept on by a

thread, or, what is better, two very thin rings of vulcanized India rubber.

Where a severer case renders a more energetic employment of the remedy necessary, it must be kept on two or four hours, until free vesication is produced; zinc ointment is then applied.

To protect the penis from friction, a T bandage, with a linen bag sown into the part which receives the penis, or a handkerchief carried round the waist, and dipping in front so as to receive the penis, and keep it up against the abdomen, is necessary.

The first effect of this application is, to increase the discharge considerably, which then terminates, either by altering its character, becoming ropy and mucous, and finally disappearing in a few days, or by remaining somewhat more persistent, and requiring a few injections, when the penis is so far advanced towards healing, that it can be handled without pain, or demanding even a second blister. One of the most cleanly and convenient, and least painful forms of blister, is Brown's blistering tissue; it causes much less irritation, and heals much more quickly than the ordinary blister. The blistering fluids, if strong enough to vesicate, caused such pain, that I soon renounced the use of them.

How does this remedy act? By counter-irritation, will, perhaps, be the answer. But, if this were the case, why should there be increased action in the urethra for a few days, and why should the discharge from the urethra begin to disappear when the counter irritant-surface is healing up? It would seem as if the organized constituents of the urethra are capable of keeping up a certain amount of over-action for an indefinite time; but that when hurried beyond this by a healthy stimulant, a *rebound* takes place, which leaves them less capable than before of furnishing a secretion, morbid in amount or in quality, or in both. We see something similar in prurigo pubis, where a blister causes an exacerbation of the symptoms, succeeded, however, in some cases, by a healthier state of the skin; in bubo, treated by blister, etc.

From the Ohio Med. Journal.

Sinapisms to the Mammæ for Suppression of the Menses. By O. J. PHELP, M. D.

WITH the view of calling the profession to a more close observation of the sympathies existing between distant organs, I will briefly state a case which recently came under my notice and treatment.

A young woman, 17 or 18 years of age, had begun to suffer seriously from catamenial suppression; and after the use of the ordinary means without success, my last and successful prescription was a repetition of the pediluvium, and sinapisms to the mammæ.

The effect followed almost with telegraphic celerity, the flow following immediately upon the first impression made by the sinapisms, and quite to the astonishment of the mother; and when I intimated to her that I would communicate the case to a medical journal, she said she had been thinking herself that it ought to be done.

Now whether it was the sinapisms alone that produced the effect, or whether it was in part produced by previous treatment, must remain in doubt; but *I* cannot entertain a doubt that the sinapisms were a very strong auxiliary, if not the prime cause, of so decided an effect.

I have now given the facts of the case, upon which might be based a long dissertation on sympathies, &c.; but it would be disrespectful, if not an insult to the profession, to lecture them upon the physiological sympathies existing between the mammæ and uterus. But I am not so certain but there is a great deal yet to be learned of the pathological, and, if such an expression may be used, therapeutical sympathies of those parts.

From the Charleston Medical Journal.

Prophylaxis of Epidemic of Puerperal Fever. By M. SEMMELIVEIS, (*Gazette Medicale*, Jan. 1851.)

M. SEMMELIVEIS, who is a physician accoucheur to the great Maternite Hospital of Vienna, has recently brought overwhelming testimony in proof of the communicability of this dreadful disease from patient to patient through the medium of the physicians or attendants.

The edifice was erected in 1784, and as its wards were always encumbered with women in labor, an addition was made to it in 1838; but only separated from the old building by a thin partition, with doors and windows for communication. After this arrangement was made, the *old* clinique was held in the *new* building, and the *new* clinique in the *old* building. At first, the mortality from puerperal fever which had, all along, been frightful, was about equal in the two cliniques. In 1839, by a decree of the government, one clinique (the last established) was abolished, and only the female students of midwifery admitted to it; the male students being restricted to the first clinique. In a few years, the difference in the mortality of the two divisions of the hospital became remarkable, so much so as to cause the appointment of a committee by the government, to investigate the causes of the greater rate in the one than in the other. The bad washing of the bed linen, the unfavorable situation of the wards of the new building, etc., etc., were suspected of playing a part in the increase of the number of deaths, but that notion was soon abandoned as untenable. After a

protracted study of the probable causes, M. Semmeliveis conceived the idea that it resided in the circumstance that the male students were occupied the whole time, alternately in making dissections of the bodies of those that had died of puerperal fever, and in delivering the women, while the female students, who attended the other division, never went into the dissecting rooms. M. Semmeliveis, convinced that it was by innoculation, that is, by the application of the morbid products, solid or fluid, of the dead body to the genital parts of the parturient female, that the disease was propagated, devoted himself to a study of the means of preventing it.

Knowing the difficulty, if not the impossibility, of removing from the hands the cadaveric odor (which is indicative of the retention of some morbid atoms,) with soap, etc., by an extended series of experiments, he found that a solution of chloride of lime was effectual. It was therefore ordered that every student, before being admitted to parturient women, should wash his hands in the above solution, and use the nail brush with great care. This precaution was sufficient to ensure, in a short time, a great reduction in the mortality, from ten to fifteen, as it formerly was, to one per cent.; the rate being now about equal in the two divisions of the institution.

From the Boston Med. and Surg. Jour.

Calomel and Soda as a Cathartic. By Dr. H. HUNT, of Delevan, Wisconsin.

THE first time I used this, or knew of its being used, was four years ago last December, in my own case, while in the city of New York. I had been living and practising in the miasmatic West for the previous eleven years; and although I had never had an attack of fever, still my system was more or less debilitated, and my liver and bowels quite torpid. For this I consulted Prof. Dickson, who advised me to take one grain of calomel at bed-time for a number of nights in succession, and drink an infusion of Peruvian bark. Preferring to take the calomel in the form of pill, I united it with six or eight grains of bicarb. soda, and formed into pills by hard soap. I took this at 10 o'clock, P. M., and although my bowels had been thoroughly constipated for a number of days, I had a thorough operation by seven in the morning, and some three more followed in quick succession. At first I attributed the movements to the setting in of a diarrhœa following constipation; but by using it in a few days again in my case, as well as in that of others, I found the same effects to follow its administration as in the first instance, though not quite so thorough. I had been using soda as an antacid freely, but without any cathartic tendency whatever, and in uniting it with the one grain of calomel, my object was to give bulk, and also to neutralize acid in my stomach, with

which I had been very much troubled. When I returned home in the spring, I had the most satisfactory demonstration of its efficacy as an anti-bilious purge, for there were some old cases of habitual tendency to attacks of torpor of liver and bowels that had troubled me exceedingly to physic. There was one man in particular whom I had treated for this trouble, and whom I had given within twenty-four hours forty grains of calomel, as much jalap, near half a pound, of salts, a large quantity of castor oil, injections of jalap and senna, &c. And after all this mighty array of cathartics and injections, still the result was a trifling purgation, and the patient *gradually* recovered. These cases were easily operated on by the use of three or four grs. of cal., and from ten to twenty grs. of soda. This dose was all that was necessary to purge the case alluded to above, "to his heart's content," and in such cases it has never failed to do the business promptly and thoroughly.

In a common case, I give two grs. cal., well levigated with from ten to twenty grs. of bicarb. soda in molasses. This will almost always operate by morning, if given at bedtime. Dr. Bradway unites them in the proportion of one cal. to three of soda; but I have generally united them in the proportion of one cal. to five of soda.

After the liver and bowels have been thoroughly operated on, the medicine has much less effect, and I therefore desist for a few days, or entirely, for the obvious reason that the important indications are fulfilled.

Tobacco Smoke in Strangulated Hernia.

Dr. F. J. Stratton, of West Alexandria, Ohio, mentions a case in a communication in the *Western Lancet*, in which tobacco-smoke was employed by him in strangulated hernia. The subject was a young man of robust constitution and athletic frame, about twenty-three years of age. The protruded intestine resisted prolonged efforts at reduction by the taxis, the use of opiates and free venesection. Chloroform could not be employed on account of its unpleasant effect on the patient.

Dr. S. then prepared to operate, but, as a last resort, concluded to try the effect of throwing tobacco-smoke up the rectum. This was done by making a connection between the stem of a pipe, and a large-sized gum-elastic catheter, the latter being passed up the rectum. The bowl of the pipe being filled with strong tobacco, and ignited, an individual applied his mouth over it, and blew a large volume of smoke in. "In three minutes the patient complained of nausea and a desire to evacuate his bowels," after which the reduction was easily effected, and was followed by no unpleasant consequences.

From the London Medical Times.

Quinine in Typhus and Typhoid Fevers.

On this subject, Professor Bennett read a paper to the Medico-Chirurgical Society, on Wednesday evening. It appeared that about the month of November last, Professors Bennett and Christison had received communications from Dr. Dundas, of Liverpool, mentioning the beneficial results he had found to follow the exhibition of quinine in the continued fevers of warm climates. So strong were the representations of Dr. Dundas, that Professor Bennett, whose period of clinical duty in the Infirmary had at that time just commenced, determined to give the remedy a fair trial. The doses Dr. Dundas recommended are ten grains every second hour. Dr. Bennett had given quinine in seven out of fourteen cases of typhus or typhoid fever admitted into the Royal Infirmary during the period from November to the end of February. In all seven the physiological effects of the remedy had been produced. In most of the cases, the seventh was the day of the disease on which the treatment of quinine was begun, in some it was later; one patient, however, had it on the sixth day, and none later than the tenth. In one case, 205 grains of quinine had been taken in eighteen doses. In five others about 80 grains had been taken. Dr. Bennett had in none of these instances found the quinine to cut short the disease, or in any way favorably to influence its progress. In one case convalescence had been delayed till the forty-second day. At the same time, Dr. Bennett thought it proper, in bringing the subject before the Society, to mention, that the experience of some other physicians had been more favorable. Dr. Graves, of Dublin, for example, had written to Dr. Dundas to that effect, and so had Dr. Kelly, of Drogheda, who had treated eight cases with the happiest results. Professor Christison's experience had as yet been limited to one case, that of a girl who had contracted typhoid fever in the hospital when recovering from another disease. In it the employment of the remedy had certainly produced no favorable effect—it was now the forty-second day, and no marked convalescence had commenced. He regarded Dr. Bennett's experiments as of additional value from having been made *coram publico*, in the presence of a large number of intelligent students, many of whom had been from time to time examined on the very cases themselves. Important as the inquiry was, he much feared that the discovery of quinine as an antidote in continued fever would prove of but little avail, unless the additional discovery of new cinchona forests was also made.

Dr. William Robertson had also administered the quinine in some cases, in none with benefit. He had in two cases observed very alarming symptoms to follow its exhibition, a state of almost complete coma having been induced.

From the Journal de Medecine et de Chirurgie.

Saline Injections for the Cure of Drunkenness.

L'ABEILLE MEDICALE has lately published a note by Dr. Lalaux, on the efficacy of injections of solution of culinary salt in rapidly dissipating the most serious symptoms of intoxication. M. Lalaux's enema consists of two good tablespoonsful of salt dissolved in four glasses of warm water. It causes a formidable shock (debacle), after which all the functions resume their play. This remedy has the advantage over ether and ammonia, of being always at hand; and, in a case of drunkenness, we had lately occasion to observe that it is more powerful than ammonia, in causing the cessation of the coma which succeeds intoxication by alcohol.

From the St. Louis Med. and Surg. Journal.

Turpentine in Dysentery. By JOHN LONG, M. D., of Pleasantville, Ky.

FOR more than twelve months past, I have been in the habit of using turpentine in the treatment of dysentery, as it has occurred in this section of country, and find it to be a most valuable remedy in this often formidable disease. I have employed it in cases where the irritation or inflammation seemed to be confined to the lower portion of the bowels, as well as such as were complicated with typhoid fever. Dose, ten drops of the turpentine combined with twenty drops of laudanum, for an adult, every eight hours—with mucilagenous drinks and farinaceous diet. In obstinate cases it is necessary, in conjunction with the above, to resort to the ordinary enemata of laudanum and starch. Other remedies, as mercury, quinine or astringents, may also be used as circumstances require.

I was first induced to resort to turpentine in the treatment of dysentery, at the suggestion of Dr. Wood, of Philadelphia, who recommends it in typhoid fever.

During the past summer I treated thirty cases according to the above method, twenty-nine of which recovered and one died; the latter resided fifteen miles off, and I did not see him but once.

EDITORIAL.

Lectures on Materia Medica and Therapeutics, delivered in the College of Physicians and Surgeons of the University of the State of New York. By JOHN B. BECK, M. D., late Professor of Materia Medica and Medical Jurisprudence. Prepared for the press by his friend C. R. GILMAN, M.D., Professor of Obstetrics, etc., in the College of Physicians and Surgeons, N. Y. pp. 582, octavo: New York: Samuel S. & William Wood, 261 Pearl street; 1851. From the publishers, through A. H. & C. Burley.

THE work with the above title, like all those from the justly celebrated publishing house of the Messrs. Wood, is, as regards its mechanical execution, creditable to the publishers. Of its contents, however, we cannot as unhesitatingly express a favorable opinion.

As indicated by the title, it is simply a printed copy of Dr. Beck's lectures on Materia Medica and Therapeutics prepared previous to the discovery and adoption of many of the more modern improvements in this department of medicine, and therefore contains the views and opinions entertained by the profession at that time; but in our judgment falls far short of other works already in the hands of physicians—such as Pereira's, for instance—in giving an exposition of the present state of knowledge upon this subject.

In his preface, the editor, Dr. Gilman, remarks as follows:

"On examining the manuscripts I found proof of a fact of which I was before cognisant, viz.: that on many of what are called the 'New Remedies,' Dr. Beck did not lecture. He was in truth, as these lectures in almost every page will prove, not a runner after new things; his study was much more into the indications of treatment, the circumstances modifying the operation of medicines, and those kindred topics which I should call the philosophy of Materia Medica, than into the character and claims of new and fashionable therapeutic agents. This explains the fact that many 'new things' found no place in his lectures. I had no disposition to alter them. In this respect I shared his opinions, and concurred heartily in his plan of teaching."

We can readily conceive why views such as the above were entertained by an old practitioner and teacher like Dr. Beck, but cannot account for the want of confidence in modern improvements

thus expressed by Dr. Gilman, who, in the prime of life, and in the great commercial emporium of our country, must have seen and learned from his own experience and observation the almost incalculable advantages which may be derived from medicines but recently brought into use, such as cod liver oil, chloroform, the vegetable alkalies, acids, &c.

Our cotemporary, Dr. Flint, of the Buffalo *Medical and Surgical Journal*, gave to its readers not long since a truthful and graphic description of "monumental physicians." In our opinion, the work before us is justly entitled to a place in the libraries of all practitioners of this class, for it is in fact a "monumental" book, which will, to say the least, serve to transmit to posterity the memory of Dr. Beck, and represent the state of therapeutical knowledge in his time.

Believing as we do that most, if not all, judicious practitioners of the present day, with ourselves, regard opium in large doses as one of the most efficient remedial agents in all inflammatory affections, we will leave our readers to judge, after reading the following quotation, if or not those of the author are antiquated doctrines:

"Now the first remark that I would make is, that opium does not exercise any control at all over inflammatory action. It quiets pain and produces insensibility. But this is all that it can do, and this only temporarily. Besides, after the effect of the opium passes off, the inflammation, so far from being relieved, is generally made worse, and the reason is obvious from the very effects of opium. Instead of evacuating the inflamed vessels, opium checks the secretions, and in this way still further engorges them. As a remedy, then, *per se*, in inflammation, it is not merely useless, but injurious. In this way, therefore, it is never to be used. As an adjuvant, however, to other remedies, it may be made exceedingly useful, and should never be neglected. Now, the objects for which we use it as an adjuvant, are: 1. To allay the reaction which generally succeeds the loss of blood in inflammation. 2. To allay pain and irritation consequent upon inflammation. To accomplish these objects there are two general modes in which we use it. By combining venesection and the use of calomel and tartar emetic with opium. Now the rationale of this combination is the following, and is perfectly philosophical. The venesection reduces the inflammatory action, and brings the system into a condition in which opium produces simply its sedative and soothing operation, and in this way it acts most kindly on the disease. Then, again,

the calomel and tartar-emetic co-operate most powerfully with the venesection in subduing inflammatory action, keeping down the pulse, and promoting all the secretions. By these various means the system is kept in a state in which the opium may be safely used, and in this way you get from it the only effect which you wish to obtain, i. e. its soothing effects, while you rob it of all its exciting and disturbing qualities.

"Another mode of using opium in inflammation is so to subdue the inflammatory excitement, as that nothing need be apprehended from the stimulant or astringent operation of the opium, but that only the sedative effects shall follow. This is done by bleeding at first to deliquium, and then giving a large dose of opium. If the symptoms return, the same may be repeated, and to remove the remaining traces of inflammation, calomel and ipecac, with the opium in smaller doses may be resorted to. This is the practice recommended by Dr. Armstrong. (Lect. 394.) Now, the principle upon which he used opium is simply this. If you merely bleed a patient laboring under inflammation, however copiously, without following it up by any other remedy, you will find that in a short time he recovers from the effects of it, reaction takes place, and the inflammatory excitement is renewed, although perhaps in a milder degree. To subdue this, further depletion will be found necessary. If, on the contrary, after free depletion you give a large dose of opium, it quiets the irritability of the system, vascular and nervous, upon which the renewal of the inflammation depends, and in this way the subsequent excitement is rendered so moderate as to be manageable by the other remedies just mentioned. This is a kind of treatment which you will find very useful in cases where it is important to husband the strength of your patient as it regards the loss of blood. Most patients, however delicate, will bear one good bleeding, while repeated bleedings may exhaust them.

"Now, if you reflect upon these two modes of using opium, you must see, I think, that opium has no direct agency in controlling the inflammation at all. This is done by the venesection, tartar emetic, ipecacuanha, and calomel; and the only effect of the opium is to soothe and prevent reaction. In both these respects, however, it is invaluable, and if used with discretion and judgment, may aid wonderfully in conducting the case to a favorable issue.

"This, then, is the principle upon which I think opium ought to be used in inflammation—not to arrest inflammation itself, but to control some of the effects of it. If this be correct, it must be obvious that it ought never to be used in the early stages of inflammatory complaints. In consequence of not attending to this, it is to be feared that many a case of inflammation has terminated fatally; commencing insidiously—perhaps mistaken for a spasm—opium has been given, the patient has apparently been relieved,

until in a short time inflammation has developed itself in such a way as to be uncontrollable. In all cases, therefore, where you are in doubt about a case being inflammation or spasm, be cautious in the use of opium. It cloaks up the disease in such a way that you may not be able to distinguish it before it is too late.

"Although the principle upon which we use opium is perhaps the same in all cases of inflammation, yet it is greatly modified in its application by various circumstances, and they must be specially attended to. The principal of these is the locality of the inflammation, not merely as regards the tissue which is the seat of it, but the particular part of the tissue." H.

The Medical Student's Vade Mecum; a compendium of Anatomy, Physiology, Chemistry, Materia Medica and Pharmacy, Surgery, Obstetrics, etc., etc. By GEORGE MENDENHALL, M.D., Lecturer on Obstetrics in the Medical Institute of Cincinnati; Member of the Am. Med. Ass., etc., etc. Third edition, revised and greatly enlarged, with two hundred and twenty-four engravings: pp. 690, 12mo.: Lindsay & Blakiston, Phil., 1852. From the publishers, through S. C. Griggs & Co.

THE publication of a third edition of the work with the above long and comprehensive title, is, to say the least, evidence that it finds purchasers, and for the same reason, doubtless, that schools destitute of the requisite means for giving clinical and anatomical instruction, are about as successful in obtaining students as those having at their command well filled hospitals and an abundance of anatomical material.

The object of the book, embracing as it does all the departments of medicine in a single volume, is to communicate knowledge in the manner and spirit of the age, by telegraphic and railroad speed, and with the least possible expenditure of time and labor.

Modern progress will doubtless continue to "battle" successfully "with time and space" till their influence upon the mere physical world is less even than at present; but we doubt much if any method has been, or will be, discovered by which to make to order, and in a day, good physicians.

We regard, therefore, as worse than useless a mode of teaching such as is adopted in this work, of which the following quotations are examples:

ANATOMY.—

Q. What is Anatomy? A. The science of organization.

How is it divided? Into *Vegetable* and *Animal.*

How is Animal Anatomy divided? Into *Human* and *Comparative.*

What is Human Anatomy? The Anatomy of man.

What is Comparative Anatomy? The Anatomy of all other animals except man.

How is Human Anatomy divided? Into *Descriptive*, or *Special, Surgical, General*, and *Pathological.*

What is Descriptive or Special Anatomy? That which describes the form, size, position, and connections of organs in a healthy condition of the body.

What is Surgical Anatomy? That which treats of the relation of one part to another, and has also been termed *Regional Anatomy.*

What is General Anatomy? That which treats of the structure of the simple tissues of the body.

What is Pathological Anatomy? That which relates to the diseased structure of the organs.

Of Disease.—

How may diseases be *divided?* Into *organic* and *functional.*

What is the character of the *first* class? There is a change which is appreciable by our senses, in the structure of one or more organs.

What is the character of the *second* class? The disordered function is not attended by any appreciable lesion.

Each of them may again be divided into *acute* and *chronic*, and *general* and *local affections.*

Which of the two classes is generally the more *fatal? Organic* diseases; but several of the *functional* are extremely mortal, as tetanus and hydrophobia.

What is meant by *local organic diseases?* Those in which the important symptoms are local, and are nearly in proportion to the anatomical lesions found after death, when it takes place. They may be acute or chronic.

What are the *general organic diseases?* They are often chronic, as tuberculous and cancerous diseases. The acute are certain epidemic dysenteries, fevers, scurvy, and gangrene. Tubercles are, however, sometimes acute. H.

The East Tennessee Record of Medicine and Surgery. Edited by Frank A. Ramsay, A.M., M.D. For April, 1852.

This is a quarterly, each No. containing 100 pages octavo, published at Knoxville, under the auspices of the East Tennessee Medical Society. We have placed it on our list of exchanges.

An Analysis of Physiology, being a condensed view of its most important facts and doctrines, designed especially for the use of Students. By JOHN J. REESE, M.D., Lecturer on Materia Medica and Therapeutics in the Medical Institute of Philadelphia; Physician of Wills Hospital; Fellow of the College of Physicians. Second edition revised and enlarged. pp. 368, 12mo. Phil.: Lindsay & Blakiston, 1852. From the publishers, through Messrs. S. C. GRIGGS & Co.

BELIEVING that the old adage is still correct that "there is no royal road to knowledge"—that the student in any science or profession must labor faithfully and diligently before he can acquire sufficient information to allow him honestly and justly to practice his profession, we have had but little respect for "Handbooks," "Manuels," &c., compilations intended as labor-saving works,—making their readers superficial and conservative in their ideas, and as a consequence, reflecting but little honor upon the profession of which they are members.

Entertaining such feelings we were agreeably surprised, upon examining the work to find it far superior to what its title led us to suppose, a manual for the use of students. It is, as it indicates, a condensed view of the most important facts and doctrines of Physiology as believed by the scientific men of our profession at the present day, and is worthy of a place, not only among the text-books of the student, but in the library of the physician, as a book for reference and instruction; and as such, we would therefore recommend it to our medical friends for their examination. B.

Review of Materia Medica, for the use of Students. By JOHN B. BIDDLE, M. D., formerly Professor of Materia Medica in the Franklin Med. Col. of Philadelphia, Physician to the Pennsylvania Institute for the Deaf and Dumb, Fellow of the College of Physicians of Philadelphia, Member of the Medical Society of Hamburgh. With illustrations. pp. 322, 12mo.: Lindsay & Blakiston, Phil., 1852. From the publishers, through S. C. Griggs & Co.

THIS work is dedicated to medical students throughout the United States. The illustrations of botanical descriptions are restricted to indigenous and naturalized plants. We have a kind of general distrust for abridgements, analyses, and reviews, but the book before us is superior to most of its class. J.

Cook Co. Med. Society.

May 4th. The Society met, the President, Dr. McArthur, in the chair. An Essay was read by Dr. J. W. Freer, on "the Nature and Pathology of Rheumatism," from which we make the following extracts:—

"The fever has been considered as a natural element of the disease and not adventitious, as I shall maintain is the case, and for the following reasons:

"The first argument which may be offered in support of this proposition is, that the disease in the acute form is almost uniformly ushered in by the local symptoms, and the fever which follows seems to be the consequence of the local irritation rather than an original constitutional affection; furthermore, this fever subsides long before the local manifestations have ceased to operate, in fact the local symptoms are frequently or generally aggravated after the cessation of the fever.

"I do not wish to be understood as upholding the theory that this disease is entirely local in its nature, but that there is a common pathology for each variety of this affection, and that febrile excitement is not a necessary constituent but a complication, while the condition of the blood, viz., an excess of the fibrinous element, which always maintains in this variety of fever, is not to be reckoned among the morbid evidences and pathological conditions of rheumatism.

"In regard to the idea of a rheumatic diathesis, or any other diathesis existing in an individual who is in the enjoyment of perfect health, all the functions performed normally, it seems to me to be untenable, and can subserve no good purpose, in fact can answer no end but that of bolstering up theories.

"Should the kidneys or other organs of depuration, in case of a suppression of the cutaneous exhalation, be insufficient for the performance of the extra labor imposed upon them, we must then have an accumulation of morbid products in the vascular system, by which the wheels of life must be more or less clogged. The nicely adjusted balance between the functions of assimilation and re-production on one hand, destruction and depuration on the other, is destroyed.

"The system is now in a condition to take on diseased action, and the force which determines the kind must, in the present state of our knowledge, remain undetermined.

"The joints, which are the regions usually selected, are so constituted, anatomically, that they are least capable of self-protection against atmospherical vicissitudes. For instance, the soft tissues surrounding the joints, the white fibrous, are those possessing the lowest grade of organization and vitality, besides being scanty in bulk. So much is this the case, that the bony constituents of these regions are in a great measure subcutaneous, and the aggregate amount of blood circulating in these parts is much below that of the adjacent regions, which are principally muscular. We are all aware, from experience, how much sooner than others these parts suffer from the effects of cold which are supplied with little or no muscular tissue, viz., the fingers, back of the hands, feet, knees, &c., while the adjacent muscular regions maintain a comfortable condition of temperature.

"From these facts we may infer that there is a lack of capability in these parts to maintain a normal standard of temperature under adverse circumstances. Moreover, a reduction of the normal standard of animal heat being equal to a reduction of vitality and vital force, we may readily predict that those regions which are subject to these conditions are necessarily more obnoxious to interference and derangement from the above causes than others which are differently constituted.

"Furthermore, we may conclude from these statements, that with an individual in sound health (in fact, without a diathesis for this or any other malady,) these may be considered as among the weaker points of his physical constitution, and may determine the species of the diseased action.

"From the known phenomena attending the introduction of this disease, that is its apparently local nature, manifesting a decided preference for parts of a definite structure—the joints—it follows that the affection, in the onset, is local in its character; but this does not preclude the idea of a general pathological condition ensuing, which may be peculiar and characteristic."

In regard to the lactic acid theory, the Doctor remarks: "From all the testimony which I have been able to gather, not a single

point of direct evidence appears to establish the presence of lactic acid in blood, either in health or disease, more than the theoretical and unqualified assertions of certain authors and experimenters. That it is not a normal constituent of the blood has been well proven by Leibig, although he found it as an ingredient of the juices of the flesh, either as constituent *per se* or the result of chemical decomposition in the analysis.

"The theories in regard to the uric acid pathology of rheumatism are established upon observations made in the acute variety of the disease. The fever which attends being analogous to all fevers of an acute or sthenic character, in all of which we find this same excess of uric acid in the urinary secretions. In regard to the presence of uric acid in the blood, Ganvel has proven by experiments and analysis upon the blood of rheumatic patients, that it contains no more uric acid than in health, while the contrary maintains in the gouty conditions.

"In conclusion, I would offer the query, whether there is anything like a natural limit to the duration of acute rheumatism? If not, than we are unable to decide, with any degree of accuracy, as to the real benefits derived from any of the therapeutical doctrines in vogue, and shall never be able to arrive at correct conclusions until we are able to confine the disease to a limited and comparatively brief space of time."

Dr. Herrick remarked, that while the doctor attempts to overthrow theories he proposes one of his own, he assumes a want of balance between primary and secondary assimilation. We may learn much from an analysis of the secretions and of the blood in this disease, by which we shall be enabled to determine whether acids, alkalies, or neutral salts are indicated. Two cases, now in my mind, illustrate the benefit from the use of the organic acids.

1st. That of a boy about 16—for six months had only been able to get about with difficulty. Had been under homœopathic treatment. He was directed to eat three lemons daily, in three days he came back without his cane; directed to continue, in three days more was perfectly well. 2nd. The case of a sailor, who had been unable to do anything for six months—much pain and swelling in his ancles—every indication of severe inflammatory rheumatism. He was ordered lime juice ℥js three times daily, with grs. x. bi-carb. potass. In about ten days he was discharged well.

Dr. Cheeny had usually adopted the antiphlogistic treatment, calomel, opium, antimony, bleeding, and the protection of the diseased parts. Has generally found the action of the heart increased; reduce this and the disease soon gives way.

Dr. McArthur has had some experience personally in this disease, doubts whether the idea that perspiration is suppressed at the commencement of rheumatic attacks is correct. Has noticed a change in feeling without observing any change in the condition of the skin; thinks the nice appreciation, by rheumatic patients, of atmospheric changes, important in studying the pathology of the disease. Has heard of chloroform being used, does not know with what success. Has seen benefit result from the use of the organic acids.

Dr. Johnson thought that the fact of the disease originating in the white fibrous tissues surrounding the joints—parts possessed of low vitality, and peculiarly susceptible to atmospheric changes,—seems to indicate that the first step in the morbid process is the formation, instead of urea of uric acid, which, combining with the earthy bases, forms a deposit giving rise to pain.

Dr. Bird thought the different methods of treatment might all be beneficial by accomplishing one object, namely, the prevention of excessive oxydation; opium in full doses reduces the number of respirations, and thus prevents the introduction of oxygen; the organic acids, on the other hand, neutralize it after it is introduced; the antiphlogistic treatment by depletion, antimony, &c., has the same ultimate effect as opium, viz., to lessen the amount of oxygen taken into the system. J.

Meeting of the Illinois State Medical Society.

☞ MESSRS. EDITORS:—The third annual meeting of our State Medical Society has just closed, and I presume a very brief account of its doings would not be uninteresting to your readers, although the official proceedings will doubtless soon be published.

The members of the society assembled in the Old School Presbyterian Church, Jacksonville, at 11 o'clock A.M., on the 1st inst., and were called to order by the president, Dr. Samuel Thompson. A very respectable number of delegates and permanent members were present and answered to their names. After the usual preliminary business, the society adjourned until 2 P. M.

The afternoon session was devoted to the election of officers, the election of new members, and the transaction of miscellaneous business. Dr. R. ROUSE, of Peoria, was elected President; Drs. T. HALL of Toulon, and E. ENGLISH of Jacksonville, Vice-Presidents; Dr. E. DICKINSON of Peoria, Treasurer; and Drs. E. S. COOPER of Peoria, and H. A. JOHNSON of Chicago, Secretaries. The usual standing committees were also appointed, and the city of Chicago selected as the place for holding the next annual meeting. The evening was spent in listening to a very interesting valedictory address, from the retiring president, Dr. Thompson. A large part of the second day was devoted to the reading of reports from standing committees and private papers connected therewith. The Chairman of the Committee on Practical Medicine and the Progress of Epidemics, made a report of considerable length, and embracing a paper on dysentery and pneumonia, read by Dr. T. Hall of Toulon, who was also a member of the committee. There being no regular report from the Committee on Surgery, Dr. E. S. Cooper of Peoria, read three short papers of considerable interest. The first was on the use of collodion for the cure of entropion; the second was on a new instrument for cauterizing the urethra; and the third was on a new apparatus for treating false anchylosis of the knee joint.

Invitations were received during the day for the society to visit the several State institutions located in this place. In the evening, the society assembled with a very respectable number of citizens, to hear the anniversary address from Dr. C. N. Andrews of Rockford. The particular design of the address was to show that the three professions, technically so called, had their origin in the necessities of human society; that they constituted the basis of all proper civilization, and that their relations to each other and to mankind were mutual and co-operative, not antagonistic. It was well written and was listened to with much attention. The society assembled on the morning of the third day, and, after completing the business of the annual session, adjourned to comfortable carriages, and proceeded to visit the institutions for the deaf and dumb, the blind, and the insane; want of time alone preventing them from visiting also the literary college established here. At the two first named institutions we found everything in excellent

order, and we should not hesitate to rank them among the best institutions of the kind in our country. The building for the Insane Hospital is a pleasantly located and imposing structure; only a small part of the interior is finished and occupied at present, though the work of completion is rapidly progressing. Dr. Higgins, the superintendent, received the members of the society very cordially, and aside from a short preliminary lecture on good manners towards the insane, rendered their visit both pleasant and profitable. The institution is certainly one of the noblest charities of the State. Individually, we were highly pleased with our visit to Jacksonville—all the doings in the State Society were most pleasant and harmonious; the brethren of the profession located there were most hospitable and kind; and the place itself, with the surrounding country, most beautiful. But enough.

Jacksonville, June 3, 1852, N. S. DAVIS.

Semi-Annual Meeting of the Æsculapian Society held at Palestine, April 28th, 1852.

THE meeting was called to order by the President, Dr. S. M'Logan. Dr. Sam'l Thompson, Dr. Chas. Johnston, Dr. Alexander, Dr. Wynn, Dr. Norton, and Dr. Washburn appeared and answered to their names. Dr. Cullers was present by invitation.

Dr. Sam'l Thompson read a very interesting paper describing a prolapsus or retroversion of the bladder, causing much protrusion of the vaginal lining and severe strangury. A catheter was introduced with much difficulty, and afterwards injections of alum water freely used.

Dr. Washburn reported some cases of severe illness, supposed to be poisoning, in which six of one family were affected, and three proved fatal.

Dr. Oliver George having left the State, sent in his resignation which was accepted.

The following resolutions were then passed:

Resolved, That Dr. David Adams be expelled from this Society for failure to disprove the charges notified against him of having manufactured and vended a certain nostrum, or nostrums, for the cure of ague and fever, &c., in violation of the principles of honorable practice, and of the 13th and 14th rule of our ethics.

Resolved, That the Secretary give due notice to Dr. J. A. Powell that charges have been preferred against him of having violated the rules of the medical profession, and the 13th and 14th article of ethics in the manufacture and vending of a certain medicine or nostrum under the name of "Powell's Liniment," and that he be requested to attend and meet such charges at the next meeting of the Society.

Resolved, That the Secretary serve due notice on Dr. H. H. Hays of charges having been preferred against him for having given a certificate for Dr. Powell's liniment; the giving of such certificate being a violation of the 13th and 14th rule of our ethics, and that he be requested to attend and defend himself from the same.

The subject of the certificate given by Dr. Washburn to Dr. Powell's liniment, though given with the limitation of being only applicable to brute animals, was considered a violation of the spirit of our ethical rules; but in consideration of a promise to have said certificate withdrawn from circulation, further action on this case was postponed.

EVENING SESSION.—Dr. Wynn reported verbally two cases, one of ptyalism, and a second of engorgement and protrusion of the tongue, after the administration of mercury.

Dr. Logan reported a case of uterine hæmorrhage.

The President appointed Dr. Chas. Johnston to deliver a public address at the next meeting of the Society.

Drs. Norton, Thompson, Wynn, Lescher, and Miller, were appointed to read essays. Drs. Logan, Thompson, Wynn, and Washburn were elected delegates to the State Medical Society for June next.

On motion, it was *Resolved*, That the minutes of this meeting be furnished to the *North Western Medical and Surgical Journal*, and that the editors be requested to publish the same, and also that copies be given the local papers for publication.

On motion, adjourned to meet at Palestine the last Wednesday in October next.

JAS. M. LOGAN, President.

THOS. D. WASHBURN, Secretary.

The "Medical Department of the University of Iowa," and the American Medical Association.

SOME person or persons assuming to act under the authority of the University of Iowa, sent to the Secretary of the Am. Med. Association, at its meeting at Charleston, a protest against the admission of delegates in that body from Rush Medical College. The ground of their objection was, that the College at Chicago did not charge as high fees as suited the more magnificent views of the gentlemen claiming to speak for that University. This protest was referred to the "committee on the organization of the Association," of which Dr. Isaac Hays, of Philadelphia, was chairman. This reference was made the occasion of a great flourish on the part of this famous University, and in the No. of the *Western Medico-Chirurgical Journal* for July, 1851, the principal of its professors put himself on record in the following pledge:

"To this object we have consecrated our very humble abilities, and with whatever spirit we can utter we *will* unfold the truth and plead our cause at Richmond another year."

Sometime since, the chairman of the committee above referred to, was addressed on the part of the Chicago College, and a desire expressed to meet any and all charges which should be brought against the institution. It was stated in reply that no protest had come before the committee; and this was also the substance of the report made at Richmond, so far as related to that subject. No one was there to bring it up on the part of the Iowa University.

That any one holding a position in a medical school should thus publicly violate his voluntary pledge, may, to those unacquainted with the circumstances, appear surprising. By those who are aware that this "Medical Department of the University of Iowa" is only an *alias* for the concern originally started at St. Charles, and which removed to Laporte, Ia., Rock Island, Ill., Davenport, Iowa, and finally to Keokuk, nothing else was expected. The protest was sent to Charleston, not to be referred to any committee, but as a basis for drumming up students at home; the promise to go to Richmond was made for the same purpose. The pretended charges were fabrications. Not one of the professors of this "Iowa University" dares go before such a committee as that, organized by the American Association, with such charges. The

refutation would place them in a position from which they could not escape.

In the meantime the protest has had its desired effect. The Association lent itself, unwittingly in this case, as it has done in several others, to the advancement of personal objects. The school has had all the benefit which it could derive from an industrious circulation of a report that Rush Medical College was to be turned out of the American Medical Association. Whether this has been, or will be, sufficient to save the concern from that contempt which has hitherto driven it from place to place, causing it to assume a new name in each, or whether it will share the fate which seems to have overtaken the *Western Medico-Chirurgical Journal*, a little time will determine.

With regard to the Chicago College, its course on the subject of fees has from the beginning been conservative. Its prices have been higher and its requirements more strict than those of any school coming in direct competition with it. Its fees, after the reduction, were still higher actually than those of Laporte; they are now more than three times higher than those of the University of Michigan.

We claim no merit for this: we think the public interest demands there should be no fees. We shall arrange ours on the basis of the Michigan University at as early a period as shall be found practicable. We shall not deviate from our proposed course from any cause not founded on sound reasoning, or the wants of the profession. D. B.

Achromatic Microscopes.

By reference to our advertising columns it will be seen that Wm. Buffham, of Millburn, Lake county, Ill., has constructed a neat, cheap working Microscope, which has all the qualities of much higher priced instruments of the same magnifying power with very superior defining power, at the low price of $15.00, and which for clearness of vision and distinctness of outline cannot, in our opinion, be surpassed. No physician, wishing to avail himself of all the modern improvements, should be without such an instrument. H.

Obituary.

Died on the evening of the 2d of May last, at the residence of his father in Bruceville, Knox Co., Ia., Mr. James L. Thompson, in the 21st year of his age.

Mr. T. had made choice of the profession of medicine, and having completed his preparatory collegiate course, had pursued the study term two years, under the tutorage of his father, Dr. T. B. Thompson, and had attended the winter course of lectures of '51-2, in the Rush Medical College of Chicago, Ill. Having formed a partiality for the professors in that institution, his calculation was to have graduated there in the spring of '53. But an all wise and overruling Providence had decreed otherwise, and he was summoned to attend at a higher tribunal.

Mr. T. was a young man of much promise, of untiring industry and perseverance; partial to the profession of his choice, he was indefatigable in his exertions to become master of its intricacy; with a mind above the ordinary grade, of remarkably steady habits, and a moral character unexceptionable, his prospects for future usefulness were more than ordinarily bright; in short, he bid fair to become a useful and an ornamental member of the profession.

His disease, which was pneumonia, of fourteen days' continuance, terminating in effusion of the lungs, was borne with Christian fortitude and resignation.

Bruceville, May 20, 1852.

Tartaric Acid used for aiding the solution of Disulphate of Quinine.

PATIENTS often object to taking quinine on account of its disagreeable, bitter taste. The following, from the *London Lancet*, may enable physicians to obviate this objection:

A few drops of dilute sulphuric acid will, as is well known, aid to dissolve disulphate of quinine, but the taste of the mixture is then very bitter and disagreeable. Messrs. Bouchardat, Righini, and Ruspini advise tartaric acid to be used for the purpose of hastening the solution of the quinine instead of sulphuric acid; and M. Casorati has found that one grain of the tartaric acid is sufficient to saturate three of disulphate of quinine, the compound being then a sulpho-tartrate of quinine, and not at all unpleasant to the taste.